



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

July 27, 2007

## GENERAL LETTER NO. 11-G-AP-2

ISSUED BY: Bureau of Collections  
Division of Child Support Recovery, Case Management, and Refugee Services

SUBJECT: Employees' Manual, Title 11, Chapter G, *LICENSE SANCTION APPENDIX*, Title page, revised; Contents (page 1), revised; pages 1 through 13, revised; pages 14, 15, and 16, new; and the following forms:

- 470-3158 *Physician's Statement*, new
- 470-3273 *License Sanction Payment Agreement*, revised
- 470-3274 *Certificate of Noncompliance*, revised
- 470-3275 *Notice of Withdrawal of Certificate of Noncompliance*, revised
- 470-3276 *Acknowledgment of Request for Conference*, revised
- 470-3277 *License Sanction Request for Financial Statement – Obligor*, revised
- 470-3278 *Official Notice of Potential License Sanction*, revised
- 470-3343 *License Sanction Request for Financial Statement – Oblige*, revised
- 470-3344 *Results of License Sanction Conference*, revised
- 470-3347 *Order Determining Payments for the Limited Purpose of License Sanction*, unchanged
- 470-3393 *Certification of License Sanction Action to District Court and Request for Hearing*, revised

### Summary

This appendix is revised to incorporate changes to forms and codes resulting from policy changes, rule changes, and ICAR enhancements. The material is revised to:

- ◆ Add information about the following forms and license codes:
  - 470-3158, *Physician's Statement*
  - Department of Commerce license codes
  - Department of Inspections and Appeals' Racing and Gaming Commission license codes
  - Department of Natural Resources license codes
  - Department of Public Health license codes
  - Department of Public Safety license codes
  - Department of Transportation driver's license types and status codes

- ◆ Update the following forms:
  - 470-3273, *License Sanction Payment Agreement*
  - 470-3274, *Certificate of Noncompliance*
  - 470-3275, *Notice of Withdrawal of Certificate of Noncompliance*
  - 470-3276, *Acknowledgment of Request for Conference*
  - 470-3277, *License Sanction Request for Financial Statement – Obligor*
  - 470-3278, *Official Notice of Potential License Sanction*
  - 470-3343, *License Sanction Request for Financial Statement – Obligee*
  - 470-3344, *Results of License Sanction Conference*
  - 470-3347, *Order Determining Payments for the Limited Purpose of License Sanction*
  - 470-3393, *Certification of License Sanction Action to District Court and Request for Hearing*
  
- ◆ The following forms are removed, as they are obsolete and no longer being used:
  - 470-3345, *Notice of Stay of License Sanction*
  - 470-3346, *Notice of Lifting of Stay of License Sanction*

### **Effective Date**

Immediately.

### **Material Superseded**

Remove the entire Chapter G, Appendix, from Employees' Manual, Title 11, and destroy it. This includes the following pages:

<u>Page</u>	<u>Date</u>
Title page	September 23, 1997
Contents (page 1)	September 23, 1997
470-3273	8/97
1, 2	September 23, 1997
470-3274	8/97
470-3275	8/97
3, 4	September 23, 1997
470-3276	8/97
470-3277	8/97
5, 6	September 23, 1997
470-3278	8/97
470-3343	8/97
7, 8	September 23, 1997
470-3344	8/97
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11, 12  
470-3347  
470-3393  
13

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September 23, 1997

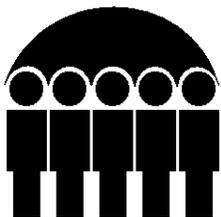
**Additional Information**

Refer questions about this general letter to your regional collections administrator.

Revised July 27, 2007

Employees' Manual  
Title 11  
Chapter G Appendix

# LICENSE SANCTION APPENDIX



Iowa  
Department  
of  
Human Services

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Iowa Department of Human Services  
PHYSICIAN'S STATEMENT

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Child Support Recovery Unit

Patient Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Patient Social Security Number: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Patient's Consent to Release of Information:

I authorize the release of the following information about my medical condition to the Department of Human Services, Child Support Recovery Unit (Unit).

Date: \_\_\_\_\_ Signature of Patient: \_\_\_\_\_

\_\_\_\_\_  
Signature of Legal Guardian, if patient is a minor or is mentally incompetent

Return completed forms to the Unit at the address listed above.

**Physician's Statement**

This form must be completed by a licensed physician, licensed osteopath, licensed or certified psychologist, or licensed optometrist (if incapacity involves seriously impaired vision).

TO: \_\_\_\_\_

The Department of Human Services' Child Support Recovery Unit will use the information requested about this patient to decide if this patient or someone caring for this patient is able to pay child support. The information you provide may be shared with this patient and/or the person who cares for the patient.

1. Does the patient have a physical or mental impairment which, within a reasonable degree of medical certainty, renders this patient incapable of performing, for wage or profit, the material and substantial duties of any job for which the patient is suited by education, training, or experience?  Yes  No
  - a. If **yes**, patient has been incapacitated since: \_\_\_\_\_
    - If still incapacitated, is the disability reasonably expected to be permanent?  Yes  No
    - If the disability is not expected to be permanent, approximate date patient should be able to work at any job for which the patient is reasonably suited by education, training, or experience: \_\_\_\_\_
    - If incapacity is due to pregnancy, what is expected delivery date: \_\_\_\_\_
  - b. If **no**, date incapacity ended: \_\_\_\_\_
2. Do you feel that the patient needs such regular care and attention to his/her needs that \_\_\_\_\_ is needed in the home to provide such care and would not be able to engage in any work for wage or profit or seek such employment?  Yes  No

Physician Signature: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Degree: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Return this form to the following address: Child Support Recovery Unit

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information for Unit's use only:

Date: \_\_\_\_\_

Obligor Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Worker ID: \_\_\_\_\_

**470-3158, Physician's Statement**

Purpose	Use form 470-3158, <i>Physician's Statement</i> , to document that the payor is unable to work because of a temporary illness or disability or because the payor is caring for a household member who is ill or disabled.
Source	Generate this form from the FORMVIEW screen.
Completion	Complete this form when the payor claims a disability exemption. The authorizing physician completes the form and returns it to the Unit.
Distribution	Send this form to the payor by first-class mail or give this form to the payor.
Data	You enter the following information: <ul style="list-style-type: none"><li>◆ Date generated</li><li>◆ Case number</li><li>◆ Patient's name (payor or household member's name)</li><li>◆ Patient's date of birth (if available)</li><li>◆ Patient's social security number (if available)</li><li>◆ Unit's address and telephone number</li><li>◆ Physician's name (provided by payor)</li><li>◆ Payor's name</li><li>◆ Worker ID</li></ul>

**470-3273, License Sanction Payment Agreement**

Purpose	Use form 470-3273, <i>License Sanction Payment Agreement</i> , to document the agreement reached between the Unit and the payor requiring the payor to make payments toward the delinquency and the Unit to withdraw the license sanction.
Source	Enter a “Y” or “R” in the GEN PAY AGREEMNT field on the LISAN screen to generate this form.
Completion	Complete this form when the payor agrees to a payment agreement for license sanction. When the payor agrees to the terms of the payment agreement, the payor signs, dates, and returns the form to the Unit. Sign and date the form when it is returned to you. Sign and date the form only <b>after</b> the payor signs and dates the agreement.
Distribution	Send this form to the payor by first-class mail or give this form to the payor with form 470-3344, <i>Results of License Sanction Conference</i> .
Data	ICAR enters the following information: <ul style="list-style-type: none"><li>◆ Payor’s name</li><li>◆ Payor’s address</li><li>◆ Date generated</li><li>◆ Case number</li><li>◆ Worker ID</li><li>◆ Unit’s address</li><li>◆ Date conference held</li><li>◆ Ongoing payment amount</li><li>◆ Ongoing payment frequency</li><li>◆ Payment start date</li><li>◆ Worker’s name</li><li>◆ Unit’s telephone number</li></ul> You enter the following information: <ul style="list-style-type: none"><li>◆ Initial payment amount.</li><li>◆ Ongoing payment due date (day of the month).</li></ul>

Iowa Department of Human Services  
LICENSE SANCTION PAYMENT AGREEMENT

Date Notice Prepared: \_\_\_\_\_

Case Number: \_\_\_\_\_

Worker ID: \_\_\_\_\_

Child Support Recovery Unit

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This payment agreement is the result of a license sanction conference held \_\_\_\_\_ with the Child Support Recovery Unit (Unit).

I, \_\_\_\_\_, agree to pay \$ \_\_\_\_\_ at the time of signing this agreement and \$ \_\_\_\_\_ as an ongoing support payment. I understand that I am to pay this amount \_\_\_\_\_ by cash, check, or money order beginning \_\_\_\_\_ and continuing

- weekly until this agreement is modified or ended.
- bi-weekly until this agreement is modified or ended.
- monthly on the \_\_\_\_\_ day of each month until this agreement is modified or ended.
- semi-monthly on the \_\_\_\_\_ and \_\_\_\_\_ of each month until this agreement is modified or ended.
- bi-monthly until this agreement is modified or ended.
- quarterly until this agreement is modified or ended.
- semi-annually until this agreement is modified or ended.
- annually until this agreement is modified or ended.

To meet the requirements of this payment agreement, I understand that I must send a payment labeled with the above-listed case number to: Collection Services Center  
PO Box 9125  
Des Moines, IA 50306-9125

I also understand that:

- ◆ This agreement does not modify or affect the existing court-ordered obligation amount.
- ◆ This agreement remains in effect for at least one year unless the Unit verifies that I am eligible for an exemption. At the end of the year, the Unit may review my case to verify that my payment amount continues to reflect my ability to pay.
- ◆ If I get a job and pay through income withholding, my income withholding amount is based on my court-ordered support obligation and not the amount stated in this agreement. When I pay through income withholding, I am not required to pay under this agreement. If my income withholding payments stop, I will begin making payments on my own behalf, based on this payment agreement.
- ◆ If my case meets the requirements to have my order modified, the Unit will provide any necessary forms for me to ask for a modification of the support order. The payment agreement remains in effect during the modification process. Once the order is modified, I must pay the new amount and this agreement ends.

- ◆ As long as I pay the amounts stated in this payment agreement, the Unit will take no action against my current and future licenses and/or motor vehicle registrations. This agreement does not prevent the Unit from taking other enforcement actions.
- ◆ If, at any time, I fail to fully comply with this payment agreement (I miss a payment or do not make a full payment), the Unit will issue a Certificate of Noncompliance to all appropriate licensing agencies. This means the licensing agencies will begin steps to suspend, revoke, or refuse to issue or renew my current and future licenses and/or motor vehicle registrations. At that time, I may ask for a conference with the Unit or a hearing before the district court in the county where my support order is filed.
  - To ask for a conference, I must send a written request to the Unit and state that I want a conference by telephone or in person.
  - To ask for a hearing before the district court, I must file a written application to the court challenging the actions of the Unit. I must file the application **no later than 30 days** from the date the licensing agency's notice is issued. I must also send a copy of my application for hearing to the Unit.
- ◆ If my licenses are suspended or revoked and/or I am unable to obtain or renew my motor vehicle registrations, I must comply with this payment agreement. This means I must make up all payments I failed to make under this agreement. I understand I may also pay the total amount of my past-due support to obtain my licenses and/or motor vehicle registrations.
- ◆ I must continue to make payments on other cases I have, even if these cases have not been selected for license sanction.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Signed

Child Support Recovery Unit  
Tel. \_\_\_\_\_

***Policy Regarding Discrimination, Harassment, Affirmative Action,  
and Equal Employment Opportunity***

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees, and clients without regard to race, color, national origin, sex, religion, age, disability, political belief, or veteran status.

To file a complaint or concern, please contact DHS at:

Iowa Department of Human Services, Diversity Program Unit, 1305 E. Walnut Street, Des Moines, IA 50319-0114; fax 515-281-4243; or e-mail: stopit@dhs.state.ia.us.

Iowa Department of Human Services  
CERTIFICATE OF NONCOMPLIANCE

Date Notice Prepared: \_\_\_\_\_

Case Number: \_\_\_\_\_

Worker ID: \_\_\_\_\_

Child Support Recovery Unit

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel. \_\_\_\_\_

Payor's Name: \_\_\_\_\_

To \_\_\_\_\_:

This certifies that the above-named payor is not in compliance with a support order being enforced by the Child Support Recovery Unit (Unit).

According to Iowa Code section 252J.7, as a licensing agency, you are required to:

- Begin steps to suspend, revoke, or refuse to issue or renew the licenses and/or motor vehicle registrations of the above-named payor.
- Provide notice to the payor of your intent to suspend, revoke, or refuse to issue or renew licenses and/or motor vehicle registrations of the above-named payor. Your notice must include the date your action becomes effective. Your action shall be effective **no sooner than 30 days** from the date you provide this notice to the payor.

If you have any questions, contact the Unit listed above. A copy of this certificate has been mailed to the payor.

**Payor's Rights and Responsibilities**

To the payor:

**Once the licensing agency begins steps to sanction your licenses and/or motor vehicle registrations, we cannot prevent the licensing agency from revoking, suspending, or refusing to issue or renew your licenses and/or motor vehicle registrations until you enter into a payment agreement, pay all past-due support, or qualify for an exemption. You'll have to pay for any fees or fines due to the loss of your licenses and/or motor vehicle registrations.**

If you wish to challenge the steps taken to sanction your current and future licenses and/or motor vehicle registrations, you may ask for a conference with us or apply for a district court hearing in the county where your support order is filed.

To ask for a conference, fill out the License Sanction Request for Conference Form on page 2 and send it to us at the address listed. Indicate if you want the conference by telephone or in person. If you ask for a telephone conference, you must list a telephone number where we can reach you. If you do not provide a telephone number, the conference will be in person. We will schedule a conference and notify you of the date, time, and place of the conference and what documents are needed.

To ask for a district court hearing to challenge the steps taken to sanction your current licenses and/or motor vehicle registrations and your ability to obtain a license and/or register a motor vehicle in the future, you must file a written application for a court hearing **within 30 days** from the date the licensing agency's notice is issued. File the written application with the clerk of court in the county where your support order is filed and send a copy of your application for hearing to us at the address listed on page 1 of this certificate.

A review by the court is limited to a mistake of fact. Issues related to visitation, custody or other provisions not related to support are not grounds for a hearing to challenge a license sanction.

If you have any questions, you may visit or call the office listed on page 1 of this certificate or consult a private attorney at your own expense.

\_\_\_\_\_  
Child Support Recovery Unit

**CERTIFICATE OF MAILING**

The undersigned certifies that the Certificate of Noncompliance was sent to the above-named licensing agency on \_\_\_\_\_.

The undersigned further certifies that a copy of this document was sent to the above-named payor at the last address known by the Unit, by depositing a copy in the U.S. mail, postage prepaid on \_\_\_\_\_.

\_\_\_\_\_

***Policy Regarding Discrimination, Harassment, Affirmative Action,  
and Equal Employment Opportunity***

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees, and clients without regard to race, color, national origin, sex, religion, age, disability, political belief, or veteran status.

To file a complaint or concern, please contact DHS at:

Iowa Department of Human Services, Diversity Program Unit, 1305 E. Walnut Street, Des Moines, IA 50319-0114;  
fax 515-281-4243; or e-mail: stopit@dhs.state.ia.us.

\_\_\_\_\_

✂ - - - - -

**License Sanction Request for Conference**  
(may not be used for requesting a district court hearing)

Worker ID: \_\_\_\_\_

Case Number: \_\_\_\_\_ Name: \_\_\_\_\_

I want a conference to discuss the sanctioning of my license(s). I want the conference to be held: (check one)

\_\_\_\_\_ **By telephone.** You can reach me at the following telephone number for the conference: (\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_ **In person.**

Please list the days and times you are **not** available for a conference:

\_\_\_\_\_

Are you employed? **Y** **N** If yes, list the name, address, and telephone number of your employer:

\_\_\_\_\_

We will send you an *Acknowledgement of Request for Conference* stating the date, time and place of your conference. The conference day and time depends on our office hours and the worker's availability. Our office hours are 8:00 AM to 4:30 PM, Monday through Friday.

\_\_\_\_\_  
Signature \_\_\_\_\_

\_\_\_\_\_  
Date

Send this form to: Child Support Recovery Unit  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**470-3274, Certificate of Noncompliance**

Purpose	Use form 470-3274, <i>Certificate of Noncompliance</i> , to request the licensing agency begin steps to suspend, revoke, or refuse to issue or renew the payor's licenses and motor vehicle registrations.
Source	Enter the current date in the GEN CERT OF NONCOM field on the LISAN screen to generate this form.
Completion	Complete this form when you proceed with a license sanction. Sign the Certificate of Mailing.
Distribution	ICAR generates two copies of this form: one addressed to the licensing agency and one addressed to the payor. <ul style="list-style-type: none"><li>◆ Send the licensing agency's copy to the agency by the agency's requested method (e.g., fax, mail, electronically, etc.).</li><li>◆ Send the payor's copy to the payor by first-class mail.</li></ul>
Data	ICAR enters the following information: <ul style="list-style-type: none"><li>◆ Name of licensing agency or payor</li><li>◆ Address of licensing agency or payor</li><li>◆ Date generated</li><li>◆ Case number</li><li>◆ Worker ID</li><li>◆ Unit's address</li><li>◆ Unit's telephone number</li><li>◆ Payor's social security number</li><li>◆ Date notice sent to licensing agency</li><li>◆ Date notice sent to payor</li></ul>

**[470-3275, Notice of Withdrawal of Certificate of Noncompliance](#)**

Purpose	Use form 470-3275, <i>Notice of Withdrawal of Certificate of Noncompliance</i> , to tell the licensing agency to stop the license sanction against the payor's licenses.
Source	Enter the current date in the GEN WITHDRAWAL OF NONCOM field and the applicable code in the WHY field on the LISAN screen to generate this form.
Completion	Complete this form when the payor no longer meets the criteria for a license sanction and you have previously issued form 470-3274, <i>Certificate of Noncompliance</i> , to the licensing agency. Sign the form.
Distribution	ICAR generates two copies of this form: one addressed to the licensing agency and one addressed to the payor. <ul style="list-style-type: none"><li>◆ Send the licensing agency's copy to the agency by the agency's requested method (e.g., fax, mail, electronically, etc.).</li><li>◆ Send the payor's copy to the payor by first-class mail.</li></ul>
Data	ICAR enters the following information: <ul style="list-style-type: none"><li>◆ Name of licensing agency or payor</li><li>◆ Address of licensing agency or payor</li><li>◆ Date generated</li><li>◆ Case number</li><li>◆ Worker ID</li><li>◆ Unit's address</li><li>◆ Unit's telephone number</li><li>◆ Payor's name</li><li>◆ Payor's social security number</li><li>◆ Date you issued the <i>Certificate of Noncompliance</i></li></ul> You enter one of the following reasons for withdrawal: <ul style="list-style-type: none"><li>◆ The payor signed a written payment agreement with the Unit.</li><li>◆ The district court ordered the withdrawal of the <i>Certificate of Noncompliance</i>.</li><li>◆ Other reason (specify).</li></ul>

Iowa Department of Human Services  
NOTICE OF WITHDRAWAL OF CERTIFICATE OF NONCOMPLIANCE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Notice Prepared: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker ID: \_\_\_\_\_  
Child Support Recovery Unit  
\_\_\_\_\_  
\_\_\_\_\_  
Tel. \_\_\_\_\_

Obligor's Name: \_\_\_\_\_  
\_\_\_\_\_

To \_\_\_\_\_:

This notice tells you that the Certificate of Noncompliance issued by the Child Support Recovery Unit (Unit) for the above-named obligor on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, is **withdrawn** as of the date on this notice.

- A written agreement for payment has been made.
- The court has ordered a withdrawal of the Certificate of Noncompliance.
- \_\_\_\_\_

**Terminate** all steps to enforce a license sanction against \_\_\_\_\_ according to Iowa Code section 252J.8(5) and immediately reinstate, renew, or issue licenses and/or motor vehicle registrations if the obligor is otherwise in compliance with your licensing requirements.

A copy of this form has been sent to \_\_\_\_\_.

\_\_\_\_\_  
Child Support Recovery Unit

To the obligor:

This notice tells the licensing agency that we have withdrawn our sanction and tells the licensing agency to reinstate, renew or issue your licenses and/or motor vehicle registrations. You may receive additional information from the licensing agency about what steps you must take to regain your licenses and/or motor vehicle registrations. It is your responsibility to contact the licensing agency and pay any fees or fines to have your license and/or motor vehicle registration reinstated, renewed or issued.

Iowa Department of Human Services  
ACKNOWLEDGMENT OF REQUEST FOR CONFERENCE

Date Notice Prepared: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Additional Case Number(s): \_\_\_\_\_

Worker ID: \_\_\_\_\_  
Child Support Recovery Unit

Tel. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Child Support Recovery Unit (Unit) received your letter asking for a conference to discuss steps taken to sanction your licenses and/or motor vehicle registrations.

- The Unit will not take further steps to sanction your current and future licenses and/or motor vehicle registrations until after your conference. If you do not attend the conference, the Unit will send a Certificate of Noncompliance to the appropriate licensing agencies to begin the sanction.
- You requested a conference after the Unit notified the licensing agencies to begin steps to sanction your current and future licenses and/or motor vehicle registrations. **The Unit cannot stop the licensing agency from revoking, suspending, or refusing to issue or renew your current and future licenses and/or motor vehicle registrations until you enter into a payment agreement, pay all past-due support, or qualify for an exemption.**
- You asked for a telephone conference. The conference is scheduled for \_\_\_\_\_ at \_\_\_\_\_. The Unit will call you at the telephone number you provided: \_\_\_\_\_. If you are unable to keep this appointment, you have only one opportunity to reschedule the conference.
- You asked for an in-person conference. The conference is scheduled for \_\_\_\_\_ at \_\_\_\_\_ at the Unit listed at the top of this notice. If you are unable to keep this appointment, you have only one opportunity to reschedule the conference.
- You asked for a telephone conference, but you did not provide a telephone number where you can be reached. Because you did not provide a telephone number, your conference must be held in person. The conference is scheduled for \_\_\_\_\_ at \_\_\_\_\_ at the Unit listed at the top of this notice. If you are unable to keep this appointment, you have only one opportunity to reschedule the conference.

The only issues that may be discussed at the conference are:

- ◆ Whether the Unit made an error in identifying you as the person ordered to pay support.
- ◆ Whether the Unit made an error in determining that you owe three months' worth of support or more.
- ◆ Whether your current support obligation differs from the amount required by the Iowa Supreme Court guidelines. If it does, we may work with you to set up a license sanction payment agreement and send you the necessary forms to request a modification of your support order.
- ◆ Whether you qualify for an exemption from the license sanction process. The exemptions listed in Iowa Administrative Code section 441 – 98.102 are:
  - You are receiving funds through Social Security, Supplemental Security Income (SSI), the Family Investment Program (FIP), or certain forms of county assistance.
  - You have a temporary illness or disability that keeps you from working, or someone in your household has an illness or disability that keeps you from working because you are needed in the home to care for that person.
  - You are confined in jail or prison.

- You are in a job-training or job-seeking program through Iowa Workforce Development because you receive food stamps.
- You are in an accredited chemical dependency treatment program that keeps you from working.
- You are involved in a contempt of court action dealing with support issues.

**NOTE:** If you qualify for one of these exemptions, contact the Unit immediately. The Unit can tell you what proof you need to verify your eligibility for an exemption from the license sanction process.

Enclosed is the License Sanction Request for Financial Statement (form 470-3343) and detailed instructions for completing it. **Within 10 days** of the date on this notice, send the completed financial statement to the Unit listed at the top of this notice, along with any verification requested on the statement or in the instructions. Also, send any other records you have which clearly show your current financial situation. **If a payment agreement is made at the time of the conference, the Unit requires you to make a payment at the time you sign the payment agreement.**

Based on the results of the conference the Unit may:

- Decide not to sanction your current and future licenses and/or motor vehicle registrations, **or**
- Notify the appropriate licensing agencies to sanction your current and future licenses and/or motor vehicle registrations.

Based on the results of the conference the Unit may:

- Continue to sanction your current and future licenses and/or motor vehicle registrations, **or**
- Notify the appropriate licensing agencies to stop the actions to sanction your current and future licenses and/or motor vehicle registrations.

If you wish to challenge the results of the conference you may ask for a hearing before the district court in the county where your support order is filed.

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***Policy Regarding Discrimination, Harassment, Affirmative Action,  
and Equal Employment Opportunity***

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees, and clients without regard to race, color, national origin, sex, religion, age, disability, political belief, or veteran status.

To file a complaint or concern, please contact DHS at:

Iowa Department of Human Services, Diversity Program Unit, 1305 E. Walnut Street, Des Moines, IA 50319-0114;  
fax 515-281-4243; or e-mail: stopit@dhs.state.ia.us.

**470-3276, Acknowledgment of Request for Conference**

Purpose	Use form 470-3276, <i>Acknowledgment of Request for Conference</i> , to tell the payor the date, time, and place of the conference. This form also provides information on the issues that may be discussed, the exemptions for license sanction, and the actions to be taken by the Unit as a result of the conference.
Source	Enter the date and time of the conference in the CONF SCHEDULED field on the LISAN screen to generate this form. Schedule the conference no earlier than ten days and no later than 30 days following the date in the CONF REQUESTED field.
Completion	Complete this form when you receive the payor's written request for a conference.
Distribution	Mail this with form 470-3277, <i>License Sanction Request for Financial Statement – Obligor</i> , and one copy of form 470-0204, <i>Financial Statement</i> , to the payor by first-class mail.
Data	ICAR enters the following information: <ul style="list-style-type: none"><li>◆ Payor's name</li><li>◆ Payor's address</li><li>◆ Date generated</li><li>◆ Case number</li><li>◆ Worker ID</li><li>◆ Unit's address</li><li>◆ Unit's telephone number</li><li>◆ Whether the conference was requested before or after you sent form 470-3274, <i>Certificate of Noncompliance</i>, to the licensing agency</li><li>◆ Date of the conference</li><li>◆ Time of the conference</li></ul>

You enter the following information:

- ◆ Type of conference (telephone or in-person)
- ◆ Additional case numbers for license sanction cases you will discuss during the conference

Iowa Department of Human Services  
LICENSE SANCTION REQUEST FOR FINANCIAL STATEMENT – OBLIGOR

Date Notice Prepared: \_\_\_\_\_

Case Number: \_\_\_\_\_

Worker ID: \_\_\_\_\_

Child Support Recovery Unit

\_\_\_\_\_

\_\_\_\_\_

Tel. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You contacted the Child Support Recovery Unit (Unit) about a license sanction conference. This letter asks you to complete the attached financial statement and return it to the Unit listed above **within 10 days** from the date on this form. During the license sanction conference, the Unit will verify the amount of your past-due support.

Why does the Unit need this financial statement?

The Unit will use the financial information you provide to determine a payment agreement amount for your support obligation. Your payment agreement amount will be based on the state's mandatory child support guidelines. Chapter 252J of the Iowa Code allows the obligor to enter into a payment agreement with the Unit to prevent a license sanction. The agreement may be for an amount different than the court-ordered support amount.

Does the payment agreement affect my court order?

No. This new amount does **not** change your court-ordered support obligation. The Unit will use the child support guidelines set by the Iowa Supreme Court to determine the amount of your payment agreement. These guidelines require that we consider both parents' income when determining the support amount. (Note: This payment agreement is only for the purpose of license sanction and does not affect the support obligation amount.)

If your financial documents show that you may be eligible to have your support obligation modified, the Unit will provide any necessary forms for you to request a modification of the support order. This may result in your obligation being set to a higher or lower amount. Until a modification is completed, you must comply with the payment agreement. If your support obligation changes, you must pay the newly modified amount.

What must I do?

Complete the enclosed Financial Statement using the attached instructions. Provide information that is current and correct to the best of your knowledge. If necessary, provide additional information on a separate piece of paper.

Provide proof of income and deductions as stated in the instructions. Proof of income and allowable deductions may be a copy of your federal or state income tax return, W-2 statements, pay stubs, signed statements from your employer or other sources of income, or clerk of court payment records. You do not need to provide proof of benefits you receive from the Family Investment Program (FIP) or Food Stamps. Additional information about allowable deductions is included in the instruction sheet.

The Unit may provide a copy of your financial statement to the other parent when establishing a payment agreement. Your financial statement may also be filed with the court, making it a public record.

**WITHIN 10 DAYS** FROM THE DATE ON THIS FORM, RETURN THE COMPLETED FINANCIAL STATEMENT AND PROOF OF INCOME AND DEDUCTIONS TO THE UNIT LISTED ON PAGE 1 OF THIS FORM.

**REMEMBER:**

- Complete the financial statement accurately.
- **Within 10 days** from the date on this form, return the financial statement, proof of income, and allowable deductions to the Unit listed on page 1 of this form.
- **Failure to provide the requested information will result in a sanction of your current licenses and/or motor vehicle registrations and your ability to obtain a license and/or register a motor vehicle in the future.**
- Based on the financial calculations, the Unit may provide any necessary forms for you to request a modification of the support order. A modification of the support order may affect the amount of support you owe.
- NONE OF THE INFORMATION IN THIS FORM IS INTENDED TO GIVE YOU LEGAL ADVICE OR CHANGE YOUR RIGHTS.
- THE UNIT'S ATTORNEY REPRESENTS AND ACTS ONLY ON BEHALF OF THE STATE IN LEGAL ACTIONS.

**This is a legal notice. If you have an attorney, immediately tell your attorney that you received this notice.**

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*Policy Regarding Discrimination, Harassment, Affirmative Action,  
and Equal Employment Opportunity*

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fax 515-281-4243; or e-mail: [stopit@dhs.state.ia.us](mailto:stopit@dhs.state.ia.us).

**470-3277, License Sanction Request for Financial Statement - Obligor**

Purpose	Use form 470-3277, <i>License Sanction Request for Financial Statement – Obligor</i> , to request financial information from the payor when the payor requests a conference with the Unit to discuss the license sanction.
Source	Enter a date and time in the CONF SCHEDULED field on the LISAN screen to generate this form.
Completion	Generate this form when the obligor requests a conference.
Distribution	Mail this form along with form 470-3276, <i>Acknowledgment of Request for Conference</i> , and one copy of form 470-0204, <i>Financial Statement</i> , to the payor by first-class mail.
Data	ICAR enters the following information: <ul style="list-style-type: none"><li>◆ Payor’s name</li><li>◆ Payor’s address</li><li>◆ Date generated</li><li>◆ Case number</li><li>◆ Worker ID</li><li>◆ Unit’s address</li><li>◆ Unit’s telephone number</li></ul>

**[470-3278, Official Notice of Potential License Sanction](#)**

Purpose	Use form 470-3278, <i>Official Notice of Potential License Sanction</i> , to tell the payor of the Unit's intent to begin a license sanction on the payor's case.
Source	Enter an "M" or "P" and the current date in the GEN NOTICE field on the LISAN screen to generate this form.
Completion	Complete this form to proceed with a license sanction on the payor's case. Sign the Certificate of Mailing.
Distribution	Send this form to the payor by first-class mail or via a process server or sheriff.
Data	ICAR enters the following information: <ul style="list-style-type: none"><li>◆ Payor's name</li><li>◆ Payor's address</li><li>◆ Date generated</li><li>◆ Case number</li><li>◆ Worker ID</li><li>◆ Unit's address</li><li>◆ Unit's telephone number</li><li>◆ Names of the licensing agencies to receive form 470-3274, <i>Certificate of Noncompliance</i></li><li>◆ Date you sent this form to the payor</li></ul>

Iowa Department of Human Services  
OFFICIAL NOTICE OF POTENTIAL LICENSE SANCTION

Date Notice Prepared: \_\_\_\_\_

Case Number: \_\_\_\_\_

Worker ID: \_\_\_\_\_

Child Support Recovery Unit

\_\_\_\_\_

\_\_\_\_\_

Tel. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your licenses could be sanctioned

Our records show you owe three (3) months' worth of support or more. Iowa Code Chapter 252J allows the Child Support Recovery Unit (Unit) to sanction your professional, recreational, and driver's licenses and motor vehicle registrations when you are behind in your support payments.

What can I do to stop this?

**To avoid losing your current licenses and/or motor vehicle registrations and your ability to get a license and/or register a motor vehicle in the future, you must do one of the following within 20 days from the date of mailing/service\* of this notice:**

- ◆ Pay all past-due support, **or**
- ◆ Contact us in writing to request a conference to enter into a payment agreement, **or**
- ◆ Contact us if you qualify for one of the following exemptions:
  - You are receiving funds through Social Security, Supplemental Security Income (SSI), the Family Investment Program (FIP), or certain forms of county assistance;
  - You have a temporary illness or disability which keeps you from working, or someone in your household has an illness or disability which keeps you from working because you are needed in the home to care for that person;
  - You are confined in jail or prison;
  - You participate in a job-training or job-seeking program through Iowa Workforce Development because you receive food stamps;
  - You participate in an accredited chemical dependency treatment program which keeps you from working; or
  - You are involved in a contempt of court action about support.

If we receive your written request for a conference **within 20 days** from the date of mailing/service\* of this notice, we will not take any action against your licenses and/or motor vehicle registrations until after the conference.

What if I do not respond?

If you do not do one of these things **within 20 days** from the date of mailing/service\* of this notice, we will send a Certificate of Noncompliance to all licensing agencies listed. The licensing agencies must then begin to suspend, revoke, or refuse to issue or renew your licenses and/or motor vehicle registrations. **Once the licensing agency begins its steps, we cannot prevent the licensing agency from revoking, suspending, or refusing to issue or renew your licenses and/or motor vehicle registrations until you enter into a payment agreement, pay all past-due support, or qualify for an exemption.** You'll have to pay any fees or fines due to the loss of your licenses and/or motor vehicle registrations.

The Certificate of Noncompliance will be issued to:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The Certificate of Noncompliance issued to the licensing agencies includes your name, social security number, and child support case number.

Contacting the Unit:

- ◆ **To claim an exemption**, contact the office listed at the top of this notice. We can tell you what proof you need to verify your eligibility for an exemption from the license sanction process.

To schedule a conference, complete the form below and send it to us at the address listed. You may ask to have the conference in person or by telephone.

- For a telephone conference, you must give us a telephone number where we can reach you for the conference. If you do not give us a telephone number, your conference will be in person.

We will notify you of the date, time, and place of the conference and what papers we need. If you do not attend the conference we will issue a Certificate of Noncompliance to the licensing agencies listed. The only issues we can talk about at the conference are whether we made an error in identifying you as the person ordered to pay support, whether you owe three (3) months' worth of support or more, or whether you qualify for a payment agreement or an exemption.

◆ To pay all past-due support, send your payment labeled with the case number listed on page 1 of this notice to:

Collection Services Center  
PO Box 9125  
Des Moines, IA 50306-9125

\* In this notice, we use the term "mailing/service" to say how we sent you this notice.  
"Mailing" means we sent you the notice in the U.S. first-class mail.  
"Service" means a process server or sheriff personally gave you the notice.

**This is a legal notice. If you have an attorney, immediately tell your attorney that you got this notice.**

CERTIFICATE OF MAILING

The undersigned certifies that this notice was sent to the above-named payor at the last address known by the Unit, by depositing a copy in the U.S. first-class mail, postage prepaid; or by providing this notice to a process server or sheriff on \_\_\_\_\_.

\_\_\_\_\_

***Policy Regarding Discrimination, Harassment, Affirmative Action,  
and Equal Employment Opportunity***

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To file a complaint or concern, please contact DHS at:

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fax 515-281-4243; or e-mail: stopit@dhs.state.ia.us.

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**License Sanction Request for Conference**

Worker ID: \_\_\_\_\_

Case Number: \_\_\_\_\_

Name: \_\_\_\_\_

I want a conference to discuss the sanctioning of my license(s). I want the conference to be held: (check one)

\_\_\_\_\_ **By telephone.** You can reach me at the following telephone number for the conference: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ **In person.**

Please list the days and times you are **not** available for a conference:

\_\_\_\_\_

Are you employed?    **Y**    **N**                      If yes, list the name, address, and telephone number of your employer:

\_\_\_\_\_

We will send you an *Acknowledgement of Request for Conference* stating the date, time and place of your conference. The conference day and time depends on our office hours and the worker's availability. Our office hours are 8:00 AM to 4:30 PM, Monday through Friday.

Signature \_\_\_\_\_

\_\_\_\_\_ Date

Send this form to:                      Child Support Recovery Unit

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Iowa Department of Human Services  
LICENSE SANCTION REQUEST FOR FINANCIAL STATEMENT - OBLIGEE

Date Notice Prepared: \_\_\_\_\_

Case Number: \_\_\_\_\_

Worker ID: \_\_\_\_\_

Child Support Recovery Unit

\_\_\_\_\_

\_\_\_\_\_

Tel. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recently, the Child Support Recovery Unit (Unit) notified the obligor on your case that his or her current professional, recreational, and drivers' licenses and/or motor vehicle registrations and his or her ability to obtain a license and/or register a motor vehicle in the future are eligible for sanctioning because the obligor owes at least three months' worth of support or more. This means that the licensing agencies could revoke, suspend, or refuse to issue or renew the licenses and/or motor vehicle registrations. The obligor contacted the Unit to request a conference to discuss steps taken to sanction the obligor's licenses and/or motor vehicle registrations. This letter asks you to complete the attached financial statement and return it to the Unit listed above **within 10 days** from the date on this form.

The Unit may be asked to review the case to determine if there has been a mistake of fact in the identity of the obligor or the amount of past-due support. To meet the court-ordered support obligation, the obligor may also enter into a payment agreement with the Unit.

Why does the Unit need this financial information?

Chapter 252J of the Iowa Code allows the obligor to enter into a payment agreement with the Unit to prevent a license sanction. The agreement may be for an amount different than the court-ordered obligation amount.

Does the payment agreement affect my court order?

No. The Unit will use the child support guidelines set by the Iowa Supreme Court to determine the amount of the payment agreement. These guidelines require that we consider both parents' income when determining the support amount. (Note: This payment agreement is only for the purpose of license sanction and does not affect the support obligation amount.)

To determine the appropriate payment amount, we need a financial statement from you. If the financial information shows that the obligor may be eligible to have the support obligation modified, the Unit will provide the obligor with any necessary forms to request a modification of the support order. This may result in the support obligation being set to a higher or lower amount.

What must I do?

Complete the enclosed Financial Statement using the attached instructions. Provide information that is current and correct to the best of your knowledge. If necessary, provide additional information on a separate piece of paper.

Provide proof of income and deductions as stated in the instructions. Proof of income and allowable deductions may be a copy of your federal or state income tax return, W-2 statements, pay stubs, signed statements from your employer or other sources of income, or clerk of court payment records. You do not need to provide proof of benefits you receive from the Family Investment Program (FIP) or Food Stamps. Additional information about allowable deductions is included in the instruction sheet.

The Unit may provide a copy of your financial statement to the other parent when establishing a payment agreement. Your financial statement may also be filed with the court, making it a public record.

**WITHIN 10 DAYS** FROM THE DATE ON THIS FORM, RETURN THE COMPLETED FINANCIAL STATEMENT AND PROOF OF INCOME AND DEDUCTIONS TO THE UNIT LISTED ON PAGE 1 OF THIS FORM.

**REMEMBER:**

- Complete the financial statement accurately.
- **Within 10 days** from the date on this form, return the financial statement, proof of income, and allowable deductions to the Unit listed on page 1 of this form.
- **Your financial information is important in determining the payment agreement amount. Without your financial information, Iowa law allows the Unit to use median income or wage rate income information based on your last-known occupation, which may result in a reduction in the amount of support you receive.**
- Based on the financial calculations, the Unit may provide the obligor with any necessary forms to request a modification of the support order. A modification of the support order may affect the amount of support you receive.
- NONE OF THE INFORMATION IN THIS FORM IS INTENDED TO GIVE YOU LEGAL ADVICE OR CHANGE YOUR RIGHTS.
- THE UNIT'S ATTORNEY REPRESENTS AND ACTS ONLY ON BEHALF OF THE STATE IN LEGAL ACTIONS.

**This is a legal notice. If you have an attorney, immediately tell your attorney that you received this notice.**

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Iowa Department of Human Services, Diversity Program Unit, 1305 E. Walnut Street, Des Moines, IA 50319-0114;  
fax 515-281-4243; or e-mail: stopit@dhs.state.ia.us.

**470-3343, License Sanction Request for Financial Statement - Oblige**

Purpose	Use form 470-3343, <i>License Sanction Request for Financial Statement – Oblige</i> , to request financial information from the payee when the payor requests a conference with the Unit to discuss the license sanction.
Source	Enter a date and time in the CONF SCHEDULED field on the LISAN screen to generate this form.
Completion	Complete this form when the obligor requests a conference.
Distribution	Send this form along with one copy of form 470-0204, <i>Financial Statement</i> , to the payee by first-class mail.
Data	ICAR enters the following information: <ul style="list-style-type: none"><li>◆ Payee’s name</li><li>◆ Payee’s address</li><li>◆ Date generated</li><li>◆ Case number</li><li>◆ Worker ID</li><li>◆ Unit’s address</li><li>◆ Unit’s telephone number</li></ul>

**470-3344, Results of License Sanction Conference**

**Purpose** Use form 470-3344, *Results of License Sanction Conference*, to tell the payor about the results of the license sanction conference.

**Source** Enter a “Y,” “N,” or “R” and date in the CONF HELD field on the LISAN screen to generate this form.

**Completion** Complete this form when the conference is not held, is rescheduled, or when the conference is held and the Unit makes a decision regarding the license sanction. Sign the Certificate of Mailing.

**Distribution** Send this form to the payor by first-class mail or give this form to the payor.

**Data** ICAR enters the following information:

- ◆ Payor’s name
- ◆ Payor’s address
- ◆ Date generated
- ◆ Case number
- ◆ Worker ID
- ◆ Unit’s address
- ◆ Unit’s telephone number
- ◆ Worker’s name
- ◆ Date you sent the form to the payor
- ◆ The conference was held
- ◆ Date the conference was held
- ◆ The conference was not held
- ◆ The date, time, and location of a rescheduled conference
- ◆ The names of the agencies to receive form 470-3274, *Certificate of Noncompliance*, when you select this option

The worker enters the following information:

- ◆ Additional case numbers of license sanction cases you will discuss during the conference.
- ◆ If the conference was rescheduled, enter the following:
  - The conference is rescheduled at the payor’s request.
  - The conference is rescheduled at the Unit’s request.

Iowa Department of Human Services  
RESULTS OF LICENSE SANCTION CONFERENCE

Date Notice Prepared: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Additional Case Number(s): \_\_\_\_\_  
Worker ID: \_\_\_\_\_  
Child Support Recovery Unit  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You asked for a conference to discuss actions taken by the Child Support Recovery Unit (Unit) to sanction your current licenses and/or motor vehicle registrations and your ability to obtain a license and/or register a motor vehicle in the future.

- This to inform you that the **conference is rescheduled at your request**. This is your **only** opportunity to reschedule a conference.
- This is to inform you that the **conference is rescheduled at the Unit's request**.
- This is to inform you that the **conference is rescheduled because we need more information**. After reviewing the documents you sent, we need the following additional information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The conference is rescheduled to allow you extra time to gather and return the requested information to our office.

- Your conference is rescheduled for the following date, time and location.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- You asked for a telephone conference. Your telephone conference is rescheduled for the following date and time. The Unit will call you at the telephone number you provided: \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_
- The conference was held on \_\_\_\_\_. As a result of the conference, the Unit found:
  - A mistake was made in identifying you as the obligor.
  - A mistake was made in determining that you owe three months' worth of support or more.
  - You qualify for an exemption. This exemption expires on \_\_\_\_\_. The Unit will review your case when the exemption expires.
  - You complied with a previous written payment agreement.
  - You paid the total past-due support.
  - You provided the name of your employer. The Unit will notify your employer to withhold support payments from your paycheck.
  - You entered into a written payment agreement with the Unit to avoid a license sanction. This payment agreement does **not** modify the court-ordered amount of your support obligation.
  - You refused to sign a payment agreement.
  - Your case may qualify for a modification of the amount of your support order.
  - Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- This is to inform you that you did not attend your scheduled conference on \_\_\_\_\_.
- As a result, the Unit will:
  - Stop the license sanction for now. If your case qualifies in the future, it may be selected for license sanction again.
  - Send you a form to request a modification of your support order. If you ask for a modification, a worker will contact you. Until the modification is completed, pay the amount of support stated in your payment agreement. The payment agreement does not modify the amount of your court-ordered support obligation.
  - Issue a Certificate of Noncompliance to:
    - \_\_\_\_\_
    - \_\_\_\_\_
- Additional Comments:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

**Your Rights and Responsibilities**

If, after you receive a Certificate of Noncompliance or a written decision from the Unit, you are not satisfied with the results of your conference, you may ask for a hearing before the district court in the county where your support order is filed. To ask for a district court hearing you must file a written application for a court hearing with the clerk of court. You must file your request **no later than 30 days** from the date of the Unit’s Certificate of Noncompliance or the licensing agency’s notice. File the written application with the clerk of court in the county where your support order is filed and send a copy of your application for hearing to the Unit.

If you have any questions, you may visit or call the Unit listed at the top of this notice or consult a private attorney at your own expense.

\_\_\_\_\_  
 Child Support Recovery Unit

CERTIFICATE OF MAILING

The undersigned certifies that this notice was served upon the above-named obligor at the last address known by the Unit, by depositing a copy in the U.S. mail, postage prepaid or by hand-delivering on \_\_\_\_\_.

\_\_\_\_\_

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To file a complaint or concern, please contact DHS at:

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 fax 515-281-4243; or e-mail: stopit@dhs.state.ia.us.

- The conference is rescheduled because more documentation is required from the payor. (When you select this option, enter the documentation required.)
- The conference is rescheduled in-person or by telephone.
- Telephone number the payor provided.
- ◆ When the conference was held, select the applicable outcome:
  - A mistake was made in the identity of the payor.
  - A mistake was made in determining the amount of delinquency.
  - The payor meets one of the exemption criteria and the date the exemption expires.
  - The payor has complied with a previous payment agreement.
  - The payor has paid the total past-due support.
  - The payor provided the name of the payor's employer.
  - The payor has signed a payment agreement.
  - The payor refused to sign a payment agreement.
  - The case qualifies for a modification.
  - Additional comments.
- ◆ When the conference was held or the conference was not held, select one of the following actions the Unit is taking:
  - The Unit will stop the license sanction process.
  - The Unit will stop the license sanction process due to a signed payment agreement.
  - The Unit will send the payor forms to request a modification.
  - The Unit will issue form 470-3274, *Certificate of Noncompliance*, to the appropriate licensing agencies.
  - Additional comments.

**Note:** When you select this option, ICAR enters the name of the licensing agency (e.g., Department of Transportation) to receive the *Certificate of Noncompliance*.

**[470-3347, Order Determining Payments for the Limited Purpose of License Sanction](#)**

Purpose	Use form 470-3347, <i>Order Determining Payments for the Limited Purpose of License Sanction</i> , to present to the court at the time of a district court hearing. This payment agreement is for the limited purpose of license sanction.
Source	Generate this form from the FORMVIEW screen.
Completion	Complete this form at the court hearing if the court orders the obligor to enter into a payment agreement.
Distribution	The Unit's attorney gives a blank copy of the form to the court to complete.
Data	There is no data to complete.

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY

<p>_____ _____ _____ _____ _____ _____ Petitioner,</p> <p>vs.</p> <p>_____ _____ Respondent.</p>	<p>NO. _____</p> <p>ORDER DETERMINING PAYMENTS FOR THE LIMITED PURPOSE OF LICENSE SANCTION</p>
--	--

NOW ON this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_, the above-entitled matter comes before the Court upon the Obligor's application for hearing to contest license sanction. The State of Iowa appears by \_\_\_\_\_.

The obligor appears in his/her own behalf, accompanied by counsel, \_\_\_\_\_.

The Court having examined the records and files, finds that evidence is sufficient to find as follows:

1. The Court has jurisdiction over the parties and of the subject matter herein addressed.
2. The Obligor is delinquent in meeting the support obligation in an amount equal to at least three months' support, and is subject to license sanction.
3. Iowa Supreme Court guidelines for the calculation of child support obligations indicate that based on current financial circumstances the obligor should pay \$\_\_\_\_\_ per month.

4. This is not a modification of the original order for support.

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED that the Obligor be, and hereby is subject to license sanction. In order to avoid license sanction, the Obligor shall pay the amount of \$\_\_\_\_\_ per month, starting on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. Said payments shall be made through the Collection Services Center. License sanction is stayed. If, at any time, the Obligor fails to make the above-ordered payments, the State may issue a new Certificate of Noncompliance to the appropriate licensing authorities with no further notice to the Obligor.

IT IS FURTHER ORDERED, ADJUDGED, AND DECREED that payments shall continue until all delinquent support has been paid. At the end of one year the Child Support Recovery Unit may review this order to ensure that it continues to accurately reflect the Obligor's ability to pay. The Unit may issue a new Payment Agreement for an adjusted amount. A new Certificate of Noncompliance may be issued should the Obligor not comply with payment at the new rate.

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Judge, \_\_\_\_\_ Judicial District

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Petitioner,

vs.

\_\_\_\_\_  
\_\_\_\_\_

Respondent.

No. \_\_\_\_\_

**CERTIFICATION OF LICENSE SANCTION  
ACTION TO DISTRICT COURT AND REQUEST  
FOR HEARING**

Comes now, the undersigned attorney and states, according to Iowa Code Chapter 252J the Respondent was issued an Official Notice of Potential License Sanction regarding the Child Support Recovery Unit's (Unit) intent to enforce a support obligation. The Unit issued a written decision and Certificate of Noncompliance. On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ requested a court hearing to review the Unit's decision. The Unit requests that the Court set a time for hearing and provide written notice by mail to the Respondent's last known address.

Child Support Recovery Unit

By: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Affidavit of Certification of Matter to District Court by  
the Unit**

STATE OF IOWA \_\_\_\_\_ ) SS.  
COUNTY OF \_\_\_\_\_ )

I, being first duly sworn, depose and state that I am an employee of the Iowa Department of Human Services, and I certify to the best of my knowledge and belief that a true and accurate copy of the applicable documents specified in Iowa Code Chapter 252J are now on file with the clerk of court or are attached to this document.

\_\_\_\_\_

Support Recovery Specialist

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Iowa

My Commission expires \_\_\_\_\_, \_\_\_\_\_

Copy to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**470-3393, Certification of License Sanction Action to District Court and Request for Hearing**

Purpose	Use form 470-3393, <i>Certification of License Sanction Action to District Court and Request for Hearing</i> , to certify the license sanction documents to the court.
Source	Enter a date in the DOCUMENTS CERTIFIED TO COURT field on the LISAN2 screen to generate this form.
Completion	Complete this form when the payor requests a district court hearing on the license sanction. The Unit's attorney and the worker both sign the form. The form is then notarized by a notary public.
Distribution	File the original with the district court and place a copy with the administrative record in the case file.
Data	ICAR enters the following information: <ul style="list-style-type: none"><li>◆ Payor's name</li><li>◆ Date payor requested the district court hearing</li><li>◆ Worker's name</li></ul> You enter the following information: <ul style="list-style-type: none"><li>◆ County of filing</li><li>◆ Petitioner (up to six lines)</li><li>◆ Respondent (up to two lines)</li><li>◆ Court order number</li><li>◆ Unit attorney's name</li><li>◆ Unit attorney's PIN</li><li>◆ Unit attorney's title</li><li>◆ Unit attorney's address</li><li>◆ Unit attorney's telephone number and fax number</li><li>◆ Worker's county</li><li>◆ Payor's attorney's name</li><li>◆ Payor's attorney's address</li></ul>

**Department of Commerce License Codes**

ACCL Certified public accountant; accounting practitioner  
ENGX Engineers; surveyors  
INS Insurance agents  
REAL Real estate brokers/sellers  
REAP Real estate appraisers

**Department of Inspections and Appeals' Racing and Gaming Commission License Codes**

GAME Casino or racetrack employees' licenses

**Department of Natural Resources License Codes**

DEER All types of deer hunting licenses  
FISH All types of fishing licenses  
HUNT All types of hunting licenses other than deer or turkey licenses  
TURK All types of turkey hunting licenses  
MISC All types of miscellaneous licenses not listed above, e.g., ginseng growers

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**Department of Public Health License Codes**

022	Chiropractor
104	Funeral director
130	Marital and family therapist
131	Mental health counselor
135	Massage therapist
136	Massage therapist (temporary)
137	Athletic trainer
152	Optometrist
192	Podiatric radiographer
193	Podiatrist
194	Physical therapist
195	Occupational therapist
196	Occupational therapy assistant
197	Physical therapy assistant
270	Nursing home administrator
271	Hearing aid dealer
272	Interpreter for the hearing impaired *
300	Health service provider in psychology
301	Psychologist
302	Audiologist
303	Speech pathologist
304	Social worker
305	Dietitian
306	Respiratory care practitioner
600	Physician assistant
814	Barber practitioner
815	Barber instructor
840	Cosmetologist – nail technician
841	Cosmetologist – electrologist
842	Cosmetologist – manicurist
843	Cosmetologist – cosmetologist
844	Cosmetologist – instructors
845	Cosmetologist – electrologist
847	Cosmetologist – esthetician

\* Indicates licenses we are currently unable to sanction.

July 27, 2007

**Department of Public Safety License Codes**

PRVT Private investigators'/private security employees' licenses

**Department of Transportation Driver's License Types and Status Codes**

The following codes indicate the type of driver's license:

- A Semi-truck license (CDL)
- B Large vehicle license (CDL)
- C Regular driver's license (non-CDL); or  
a CDL when accompanied by an endorsement of "H" or "P"
- D Chauffeur's license
- M Motorcycle license
- 0 Identification only; no license.  
Displays as an "I" in the DLIC CLASS field on the LISAN screen.
- Blank No driver's license (NDL).  
Displays as an "N" in the DLIC CLASS field on the LISAN screen.

The following codes indicate the status of the driver's license:

- BAR Barred
- DED Deceased
- DEN Denied
- DIS Disqualified
- EXP Expired
- OTH Other not valid
- REV Revoked
- SUR Surrendered
- SUS Suspended
- TRL Temporary restricted license
- VAL Valid
- Blank None